REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	36856.1238
First Named Inventor	Michio KADOTA
Original Patent Number	6,366,002
Original Patent Issue Date (Month/Day/Year)	April 2, 2002
Examiner Name	T. Dougherty
Express Mail Label No.	

APPLICATION FOR REISSUE OF: (Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (*PTO/SB/56*)
   (*Submit an original, and a duplicate for fee processing*)

2. ☐ Applicant claims small entity status. See 37 CFR 1.27.

3. ☒ Specification and Claims in double column copy of patent format
   (*amended, if appropriate*)

4. ☒ Drawing(s) (*proposed amendments, if appropriate*)

5. ☒ Reissue Oath/Declaration (original or copy)
   (37 C.F.R. 1.175) (*PTO/SB/51 or 52*)

6. ☐ Power of Attorney

7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
   (*If Yes, check applicable box(es)*)
   ☐ Written Consent of all Assignees (*PTO/SB/53*)
   ☐ 37 C.F.R. 3.73(b) Statement (*PTO/SB/96*)

8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. ☐ Nucleotide and/or Amino Acid Sequence Submission
   (*If applicable, all of the following are necessary*)
   a.☐ Computer Readable Form (CFR)
   b. Specification Sequence Listing on:
      i☐ CD-ROM (2 copies) or CD-R (2 copies); **or**
      ii☐ paper
   c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).

11. ☒ Original Patent Grant
    ☒ Ribboned Original Patent Grant
    ☐ Statement of Loss (PTO/SB/55)

12. ☒ Foreign Priority Claim (*35 U.S.C. 119*) (*if applicable*)

13. ☐ Information Disclosure   ☐ Copies of IDS
    Statement (IDS)/PTO-1449   Citations

14. ☐ English Translation of Reissue Oath/Declaration
    (*If applicable*)

15. ☒ Preliminary Amendment

16. ☒ Return Receipt Postcard (*MPEP 503*)
    (*Should be specifically itemized*)

17. Other:

18. CORRESPONDENCE ADDRESS

☐ Customer Number: **OR** ☒ Correspondence address below

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Address	10400 Eaton Place, Suite 312

City	Fairfax	State	VA	Zip Code	22030
Country USA		Telephone (703) 385-5200		Fax (703) 385-5080	

Name (*Print/Type*) **Joseph R. Keating**	Registration No. **37,368**
Signature	Date: **March 31, 2004**

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number: 36856.1238	

Claims as Filed - Part 1

	(1) Claims in Patent	(2) Claims in Reissue Application	(3) Number of Extra Claims	Small Entity		or	Other than Small Entity	
				Rate	Fee		Rate	Fee
Total Claims	(A) 20	(B) 32	**** 12=	x $ 9 =	$	or	x $18 =	$216
Independent Claims	(C) 1	(D) 2	* 0 =	x $43 =	$		x $86 =	$
			Basic Fee	$		or	$770	
			Total Filing Fee	$			$986	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid for	(3) Extra Claims Present	Small Entity		or	Other than Small Entity	
					Rate	Fee		Rate	Fee
Total Claims	***	MINUS	**	* =	x $ 9=	$	or	x $18=	$
Independent Claims	***	MINUS	*****	=	x $43=	$		x $86=	$
			Total Additional Fee		$		or	$	

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.

*** After any cancellations of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
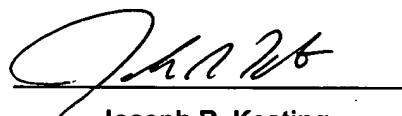
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account Number   in the amount of $. A duplicate copy of this sheet is enclosed.

☐ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account Number   . A duplicate copy of this sheet is enclosed.

☐ A check in the Amount of $ to cover the filing/additional fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

3-31-04
Date

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